**PATENT A. LICATION FEE DETERMINATION RECORD**
Effective January 1, 2003

Application or Docket Number: 120462-3

*(handwritten right margin: 10/670,553)*

*(handwritten left margin: 7-28-04)*

## IMS AS FILED - PART I

| | (Column 1) | (Column 2) | SMALL ENTITY TYPE ☐ | OR | OTHER THAN SMALL ENTITY | |
|---|---|---|---|---|---|---|
| TOTAL CLAIMS | 26 | | RATE | FEE | RATE | FEE |
| FOR | NUMBER FILED | NUMBER EXTRA | BASIC FEE 375.00 | OR | BASIC FEE 750.00 | |
| TOTAL CHARGEAF  CLAIMS | 26 minus 20= | * 6 | X$ 9= | OR | X$18= | 108 |
| INDEPENDENT CL | 5 minus 3 = | * 2 | X42= | OR | X84= | 168 |
| MULTIPLE DEPEN   CLAIM PRESENT | | ☐ | +140= | OR | +280= | |
| | | | TOTAL | OR | TOTAL | 1026 |

* If the difference   lumn 1 is less than zero, enter "0" in column 2

## C  S AS AMENDED - PART II

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### AMENDMENT A

| | ( n 1) | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | SMALL ENTITY RATE | ADDITIONAL FEE | OR | OTHER THAN SMALL ENTITY RATE | ADDITIONAL FEE |
|---|---|---|---|---|---|---|---|---|---|
| Total | 23 | Minus | ** 26 | = — | X$ 9= | | OR | X$18= | |
| Independent | 4 | Minus | *** 5 | = | X42= | | OR | X84= | |
| FIRST PRES    OF MULTIPLE DEPENDENT CLAIM ☐ | | | | | +140= | | OR | +280= | |
| | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

### AMENDMENT B

| | ( n 1) | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
|---|---|---|---|---|---|---|---|---|---|
| Total | | Minus | ** | = | X$ 9= | | OR | X$18= | |
| Independent | | Minus | *** | = | X42= | | OR | X84= | |
| FIRST PRE    OF MULTIPLE DEPENDENT CLAIM ☐ | | | | | +140= | | OR | +280= | |
| | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

### AMENDMENT C

| | ( n 1) | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
|---|---|---|---|---|---|---|---|---|---|
| Total | | Minus | ** | = | X$ 9= | | OR | X$18= | |
| Independent | | Minus | *** | = | X42= | | OR | X84= | |
| FIRST PRE    OF MULTIPLE DEPENDENT CLAIM ☐ | | | | | +140= | | OR | +280= | |
| | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

* If the entry in     than the entry in column 2, write "0" in column 3.
** If the "Highes    usly Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highes    rsly Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest    sly Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (R

*U.S. Government Printing Office: 2003—499-464/79011

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